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READING OPHTHALMOLOGY.

Some still living remember when it was customary to enter the medical profession with a knowledge acquired by reading in the office with some physician. The attendance upon one or two courses of lectures at a medical college was a desirable addition, looked upon very much as a course of post-graduate study is looked upon now. A large proportion of the lawyers in active practice in America "read law," and were admitted to the bar without having listened to a law lecture. In preparing for ophthalmic practice the absence of any systematic, supervised curriculum makes the "reading" of ophthalmology to-day the only method of systematically covering the whole subject.

It has been accepted that in law and general medicine the old method by "reading" is inferior to systematic instruction in a law school or medical college. This may soon be the case with ophthalmology, but up to the present time the individual has been permitted to prepare himself for ophthalmic practice according to his own plan; and only in his reading could he make his study completely systematic. In reading, heretofore, the sudent has been given little help in the way of schedules or supervision. But most text-books are fairly systematic in their arrangement of materials, and the majority of them arrange these according to practically the same system, which has been gradually evolved by the selections of many writers. Doubtless systematic reading will always play an important part in the study of ophthalmology. It is worthy of careful consideration and discussion.

For the student who designs to prepare himself for ophthalmic practice the backbone of his reading must be one of the larger text-books, such as those of Fuchs, de Schweinitz, Ball or Weeks. In either of these the facts of ophthalmology are well arranged and set forth with a good deal of completeness. The larger "systems" of ophthalmology by many authors contain breaks and over-lappings, which make them less useful for systematic study. Although each of the authors mentioned has had some assistance from other contributors or the translator, this has been so definitely limited as to detract little from the systematic unity of the work.

This first complete text-book thoroughly read, will always have an especial influence upon the student; and should be chosen with appropriate care. Its reading must be no perfunctory or superficial perusal; but a careful study, following out the divergent lines of

thought or observation that it suggests. In reading a chapter upon the diseases of a certain part of the eye, the anatomy of that part should be carefully reviewed by reading, examination of plates and study of available preparations, to give the reading special value. Indeed, were the reader not thoroughly familiar with the parts dealt with by his previous studies of normal and pathologic anatomy and histology, his reading would be of very little value.

In reading of refraction each point should be illustrated as far as possible by experiments in the focussing of light with lenses on a card or screen, or in the student's own eye. A description of an examination of the eye must be applied by the examination of the student's own in a mirror, or the eye of some other person. This is the kind of reading that will give a systematic knowledge of the subject.

Collateral reading of anatomy or physiology may be done in text-books devoted to those branches. But there are some advantages in having each chapter regarding the diseases of a certain part begin with a sketch of the anatomy and physiology of the part, or at least to have these subjects treated in special chapters in the ophthalmic text-book. The advantage is that such consideration of the anatomy and physiology generally bears much more directly on the clinical facts to be studied, than do the accounts of the same tissues and functions contained in the text-books of anatomy and physiology.

When reading is to be done in the way outlined the illustrations become of great importance. It is a very poor illustration that will not give a more definite and complete impression of its subject than could be given in printed words in the same space; and the illustrations usually tell their story more quickly and with greater certainty than the best constructed sentences. Illustrations are so important that they deserve the greatest care to make them clearly express the thought, or represent the appearance intended, with the least extraneous matter to distract attention and help conceal the real reason for their use. Illustrations that come up to this standard deserve quite as exact and exhaustive consideration as any part of the printed text.

Reading of this kind is serious study, not to be carried on to advantage for more than a few hours daily. It must be kept up for many months, a year or more, to do justice to either of the important text-books mentioned. There must be passing back and forth to consult other chapters in following out the ideas suggested by the chapter immediately under consideration. And there must be excursions into other text-books, monographs and periodical publications. The principal text-book is the backbone of the course of reading; but it will be an incomplete course if the reading is not extended much beyond this in certain directions. The more important monographs to be added are those that deal with errors of refraction, ophthalmoscopy illustrated by plates, and the ocular symptoms and lesions of general

diseases, including especially those of the central nervous system and of the neighboring accessory sinuses of the nose.

As matters now stand, systematic reading is the only way of making the study of ophthalmology broadly systematic.

BOOK NOTICES.

A Symposium on the Extraction of Senile Cataract, edited by H. W. Woodruff, M.D. Octavo. 174 pages, illustrated. Chicago, Cleveland Press, 1912. Price $2.50.

The extraction of cataract is a subject of perennial interest. From time to time modifications in the method of procedure spring up, attract wide attention, and then gradually fall into disuse and are forgotten. There are fashions and fads regarding this operation, and in general the novelties have not the value and importance that their proposers or first advocates claim for them. But much of the literature of the subject consists of the exploitations of such novelties.

This book includes the papers and remarks in discussion presented at a meeting of the Chicago Ophthalmological Society, with some pertinent quotations added by the editor. The statements contained therein are distinctly more conservative and better balanced than are often found in papers advocating particular departures in cataract extraction. For instance, Doctor Vail in his paper on "Delivery of the Lens," brings together the experience and estimate of one hundred and sixty surgeons, with regard to the Smith operation, forty-nine of whom had actually tried it. This forms probably the best published basis that we have for estimating the value of extraction in the capsule.

The general subject is considered under the headings of Preparation, Incision, Iridectomy, Capsulotomy, Delivery of the Lens, Toilet, Complications and After Treatment. The papers and discussions have been well edited, and the book reflects very well the practice of ophthalmic surgeons in the United States at the present time.

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Roche. Exaggeration of Unilateral Amblyopia. Rec. d'Opht., xxxiii, p. 257.

Smith, H. E. Ocular Hyperemias. New York St. Jour. Med., xii, p. 136.

Speleers, R. Transillumination in Traumatic Cataract. Zeit. f. Augenh., xxvii, p. 185.

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Contino, A. Ocular Anesthesia by Cataphoresis. Clin. Ocul., xii, p. 825.
Darier, A. Anti-streptococcic Sero-therapy by the Mouth and by Local Applications. Clin. Opht., xviii, p. 114.
Emerson, L. Cycloplegics and Mydriatics. Jour. Med. Soc. New Jersey, viii, p. 507.
Lawford, J. B. Inoculation Therapy in Eye Diseases. Tr. Ophth. Soc. United Kingdom, xxxii, p 1.
Pitzman, M. Antiseptic and Germicidal Properties of Silver Salts. (Dis.) St. Louis Med. Soc., Dec. 16.
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Bijlsma, R. A. Results of Myopia Operations. Geneesk. Cour., lxv, No. 6.
Davis, A. L. Change of Refraction in Diabetes. Colo. Ophth. Soc., Dec. 16. Refraction and Menstruation. Ibid.
Gullstrand, A. Mechanism of Visual Accommodation. Hygiea, lxxiv, No. 1.
Meunier. Observations on Ametropia in Children's Hospital. Bordeaux Thesis, 1911.
Millikin, B. L. Additional Notes on High Astigmia. Arch. of Ophth., xli, p. 109.
Perrod, G. Hereditary Myopia. (Bibl.) Ann. di Ottal., xli, p. 34.
Von Cath. Results of Myopia Operations. Zeit. f. Augenh., xxvii, p. 185.
Wray, C. Modified Placido's Discs. Tr. Ophth. Soc. United Kingdom, xxxii, p. 82.
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Bijlsma, R. A. Miner's Nystagmus. Geneesk. Cour., lxv, No. 15.
Campos. Physiologic Diplopia. Ann. d'Ocul., cxlvii, p. 39.
Measurement of Separation of Visual Lines. Rec. d'Opht., xxxiii, p. 259.
Greeves, R. A. Nuclear Paralysis of Sixth Nerve Following Acute Polio-encephalomyelitis. Tr. Ophth. Soc. United Kingdom, xxxii, p. 104.
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McMullen, W. H. Complete External Ophthalmoplegia. Tr. Ophth. Soc. United Kingdom, xxxii, p. 110.
Maddox, E. E. Ocular Muscle Imbalance. Opthalmoscope, x, p. 124.

Marina, A. Muscle Grafting in Eyes of Monkeys. Policlinico, Jan.
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Patterson, J. A. Homonymous Diplopia with Erratic Position of Images. Colo. Ophth, Soc. Nov. 18.
Römer, P. Strabismus and Its Treatment. Ther. der Gegenwart, Feb.
Schoen, W. Vertical Strabismus. Münch. Med. Woch. Feb. 13.
Strabismus as Reported 120 Years Ago and of the Present Day. Ibid.
Taylor, J. Ocular Palsies. Medical Press and Circ. Feb. 7.
Terrien, F. Paralysis of Both External Recti of Diphtheritic Origin; Sero-therapy Cure. Soc. d'Opht. de Paris, Feb. 6.
Tomlin, H. Coal-miner's Nystagmus. Medical Chronicle, Oct. 1911.
Bonnet, M. Diplopia, Especially Hysterical Monocular Diplopia. Lyons Thesis, 1911.

CONJUNCTIVA.

Black, M. Monocular Trachoma. Colo. Ophth. Soc. Dec. 16.
Boer, W. Cyst-like Change of Conjunctiva From Traction of Staphyloma. Graefe's Arch. f. Ophth. lxxxi, p. 99.
Botteri, A. Filtration and Temperature Resistance of Trachoma Virus. Wien. Klin. Woch. Feb. 8, p. 231.
Bourgeon. Trachoma in Lyons. Lyons Thesis, 1911.
Claiborne, J. H. Excision of Tarsus and Conjunctiva in Old Trachoma. Arch. of Ophth. xli, p. 141.
Crigler, L. W. Etiology and Treatment of Trachoma. Jour. A. M. A. March 30, p. 925.
Dean, F. W. Trachomatous Ulcers of Cornea. Jour. Iowa St. Med. Soc. Feb. 15.
Fromaget, C. and H. Chancre of Conjunctiva. L'Opht. Prov. ix. p. 11.
Genet and Pallasse. Conjunctivitis in New Born, False Membrane, Gangrene. Clin. Opht. xviii, p. 139.
Grosvenor, L. N. Tarsal Conjunctiva in Trachoma. Chicago Ophth. Soc. Dec. 18.
Hawley, C. W. Trachoma Treated by Jequirity. Jour. Ophth. and Oto-Laryngol. vi. p. 39.
Kalt. Bilateral Ocular Syndesmitis. Soc. d'Opht. de Paris, Feb. 6.
Kerr, J. W. Laws and Regulations Relating to Ophthalmia Neonatorum. Public Health Bull. of Marine Hosp. Service U. S., Oct. 1911.
Lagrange. Treatment of Granular Ophthalmia. L'Opht. Prov., ix, p. 4.
Lister, W. T. Pigmented Growth of Conjunctiva. Tr. Ophth. Soc. United Kingdom, xxxii, p. 113.
Löhlein, W. Significance of Epithelial Inclusions (Trachoma Bodies). (Bibl.) Arch. f. Augenh., lxx, p, 392.
Lynch, K. L. Bacteria of the Conjunctiva. New York Med. Jour., March 9, p. 490.
Meisner, W. Parinaud's Conjunctivitis and Tuberculosis of Conjunctiva. (Bibl.) Zeit. f. Augenh., xxvii, p. 129.
Peter, L. Tuberculosis of Conjunctiva and Sclera Following Removal of Pigmented Papilloma From Conjunctiva. Phila. Polyclin. Ophth. Soc., Jan. 11.
Pick, W. Impetigo and Eczematous Conjunctivitis. Münch. Med. Woch., Jan. 23.
Piccillo, L. Cure of Granular Conjunctivitis and Spring Catarrh with Polyvalent Serum. Ann. di Ott., xli, p. 3.
Reis, W. Pigment Specks in Conjunctiva of Upper Lid in Cicatricial Tracoma. Arch. f. Augenh., lxx, p. 423.
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Walker, C. E. Persistent Chronic Conjunctivitis and Keratitis Following Successful Hotz Operation for Entropion. Colo. Ophth Soc., Nov. 18.

Williams, A. W. Significance of Group of Hemophilic Bacilli in Conjunctivitis, Especially Trachoma. New York Med. Jour., March 16, p. 540.

Williams. J. H. Resection of Tarsal Cartilage and Retro-tarsal Fold in Advanced Trachoma. Ohio St. Med. Jour., Jan.

Repeated Titles. **Albanese** (i. p. 152) Ophthalmoscope, x, p. 172. **Amsler** (i, p. 104) Ibid., p. 158. **Kojanagi** (i, p. 88) Klin. M. f. Augenh., L, p. 267. **Kuboki** (i, p. 121) Ibid., p. 270. **Liégard and Landrieu** (ii, p. 20) Ophth. Rev. xxxi, p. 86. **Maruo** (i, p. 88) Klin. M. f. Augenh., L, p. 266. **Sakai** (i, p. 121) Ibid., p. 270. **Sennichi** (i, p. 121) Ibid. p. 269. **Tschirkowski**, (i, p. 153) Ophthalmoscope, x, p. 158.

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Brown, S. H. Remote Effects of Extirpation of Gasserian Ganglion. Amer. Jour. Ophth., xxix, p. 76.

Bijlsma, R. A. Relation Between Parenchymatous Keratitis and Surgery. Geneesk. Cour., lxv, No. 8.

Castresana, B. Serotherapy in Suppurative Keratitis. Arch. de Oft., ix, p. 561.

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Radcliffe, McC. Tubercular Keratitis. Ibid.

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Pastega, A. Gumma of Ciliary Body. Rome: Cecchini, 1910.
Sanz Blanco. Iritis Treated by Salvarsan Without Result. Arch. de Oft., xii, p. 18.
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Bettremieux. Sclerectomy Curative and Preventive of Glaucoma. Ann. d'Ocul., cxlvii, p. 21.
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Jacqueau. Sclero-iridectomy in Glaucoma. Lyon Méd., Oct. 1911.

Kayser, B. Glaucoma Treated by Ellot's Method of Trephining. Klin. M. f. Augenh., L, p. 185.
Korth. Pathology and Therapy of Primary Glaucoma. Ibid., p. 248.
Merns. Studies in Ocular Tonometry. Lyons Thesis, 1911.
Mirtin. Peripheral Button-hole in Iris for Chronic Glaucoma. Bordeaux Thesis, 1911.
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Gilbert, W. Congenital Total Cataract and Retinal Anomalies. Graefe's Arch. f. Ophth., lxxxi, p. 87.
Frenkel, M. H. Cataract with Dacryocystitis and Epithelioma of Cheek. L'Opht. Prov., ix, p. 7.
Jackson, E. Congenital Dislocation of Lenses. Colo. Ophth. Soc., Nov. 18.
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Soulard. Heterochromia of Iris and Cataract. Bordeaux Thesis, 1911.
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Vital-Bérard. Points in Cataract Operation. L'Opht. Prov., ix, p. 1.
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Dor, H. Atypical Diabetic Retinitis. Soc. d'Opht. de Paris, Feb. 6.
Fau. Etiology of Albuminuric Retinitis. Paris Thesis, 1911.
Gonin, J. Isolated Detachment of Retinal Vessel. Ann. d'Ocul., cxlvii, p. 18.

Harman, N. B. "Retinitis Circinata," Disappearance of Symptoms in One Year. Tr. Ophth. Soc. United Kingdom, xxxii, p. 105.
Hayden, A. A. Monocular Retinitis Pigmentosa. Chicago Ophth. Soc., Dec. 18.
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Leber, T. Form of Retinal Degeneration Characterized by Multiple Miliary Aneurysms. Graefe's Arch. f. Ophth., lxxxi, p. 1.
McMullen, W. H. Retinal Disease with Massive Exudation. Tr. Ophth. Soc. United Kingdom, xxxii, p. 111.
Nettleship, E. Pedigree of Congenital Night-blindness with Myopia. Ibid., p. 21.
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Ohrvall, H. Physiology of Fixation of Ocular Image. Upsala Läkare-förenings Förhandlingar, xvii, No. 3.
Patterson, J. A. Salvarsan in Atheroma of Retinal Vessels. Colo. Ophth. Soc., Nov. 18.
Purtscher, O. Traumatic Hole Formation in Macula. Klin. M. f. Augenh., L, p. 240.
Rochon-Duvigneaud, Coutela, Faure-Beaulieu. Lesions of Albuminuric Retinitis, Soc. d'Opht. de Paris, Feb. 6.
Rollet and Grandclément. Congenital Melanosis of Retina, Sclera and Temple. Clin. Opht., xviii, p. 165.
Russell, E. R. Retinitis Albuminurica of Pregnancy. Charlotte (N. C.) Med. Jour., March, p. 160.
Shoemaker, J. F. Retinitis Pigmentosa Sine Pigmento. Amer. Jour. Ophth., xxix, p. 33.
Smith, R. M. Amaurotic Family Idiocy. Boston Med. and Surg. Jour., March 7.
Suganuma, S. Pathology of Pigment Degeneration of Retina. (Bibl.) Klin. M. f. Augenh., L, p. 175.
Suker, G. F. Thrombosis of Retinal Vein. (Dis.) Chicago Ophth. Soc., Dec. 18.
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Repeated Titles. **Fuchs** (ii, p. 24) Amer. Jour. Ophth., xxix, p. 46. **Onishi** (i, p. 125) Klin. M. f. Augenh., L, p. 270. **Valude** (ii, p. 22) Ophth. Rev., xxxi, p. 84.

TOXIC AMBLYOPIAS.

Mendel. Amblyopia From Methyl Alcohol. Berlin Ophth. Soc., Jan. 25 Ophth. Rev., xxxi, p. 95.
Perrod, G. Blindness From Filix Mas (Bibl.) Ann. di Ott., xli, p. 17.
Strickler, D. A. Wood (?) Alcohol Amblyopia. Colo. Ophth. Soc., Dec. 16.
Repeated Titles. **Danis** (ii, p. 9) Clin. Opht., xviii, p. 124.

OPTIC NERVE.

Alt, A. Optic Nerve Atrophy of Severe Hemorrhage from Stomach. Amer. Jour. Ophth., xxix, p. 74.
Dimitriew. Optic Neuritis Treated with Salvarsan. Zeit. f. Augenh., xxvii, p. 191.
Garipuy, E. Salvarsan and Optic Nerve. L'Opht. Prov., viii, p. 177.
Gibson, J. L. Lumbar Puncture in Plumbic Optic Neuritis in Children. Australasian Med. Gaz., Jan. 13.
Gonin, J. Partial Rupture of Optic Papilla. Ann. d'Ocul., cxlvii, p. 16.
Greenfield, J. G. Disseminated Sclerosis, Recent Amaurosis and Optic Neuritis. Tr. Ophth. Soc. United Kingdom, xxxii, p. 59.

Henderson, T. Pathogenesis of Choked Disk. Ibid., p. 82.
Krauss, W. Primary Tumor of Optic Papilla. Zeit. f. Augenh., xxvii, p. 142.
Levinsohn, G. Experimental Observations on Pathogenesis of Choked Disk. Graefe's Arch. f. Ophth., lxxxi, p. 15.
Levy, A. Dystrophia Adiposogenitalis with Optic Atrophy. Tr. Ophth. Soc. United Kingdom, xxxii, p. 108.
Mylius. Choked Disk with Serous Meningitis. Klin. M. f. Augenh., L, p. 254.
Von Szily, A. Beginning of Nerve Fibres in Optic Nerve. Graefe's Arch. f. Ophth., lxxxi, p. 67.
Young, H. B. Amblyopia of Obscure Origin. (Dis.) Chicago Ophth. Soc., Dec. 18.
Repeated Titles. **Bergmeister** (i, p. 25) Ophthalmoscope, x, p. 161.

TRACTS AND CENTERS.

Botwinnik, Giese and Hesse. Tumors of Hypophysis. St. Petersb. Med. Woch., 1911, p. 124.
Hoppe, H. H. Eye Lesions in Tumor of Corpora Quadrigemina. Jour. Nerv. and Mental Dis., xxxix, Feb.
Jackson, E. Central Lesion Causing Rapid Ocular Change. Colo. Ophth. Soc., Nov. 18.
Noceti, A. Study of Tumors of the Pons. Arch. de Oft., xii, p. 3.
Schirmer, O. Incongruous Homonymous Hemianopsia. Arch. of Ophth., xli, p. 136.
Sulzer and Chappé. Traumatic Temporal Hemianopsia. Soc. d'Opht. de Paris, Feb. 6.
Winkler, C. Tumor of Optic Thalamus; Form Vision. Zeit. f. Augenh., xxvii, p. 184.
Repeated Titles. **Inuma** (i, p. 94) Klin. M. f. Augenh., L, p. 268.

EYEBALL.

Goldberg, H. G. Cryptophthalmos; Congenital Ankyloblepharon. Sec. on Ophth. Coll. Phys. Phila., Feb. 15.
Inouye, N. Retinal Cyst Formation and Papillitis with Inflammation of Anterior Segment of Eyeball. Graefe's Arch. f. Ophth., lxxxi, p. 118.
Repeated Titles. **Dutoit** (i, p. 94) Ophthalmoscope, x, p. 158. **Komoto,** (i, p. 126) Klin. M. f. Augenh., L, p. 271. **Onishi** (i, p. 126) Ibid., p. 271. **Orloff** (i, p. 53) Ophthalmoscope, x, p. 161.

LACRIMAL.

Bane, W. C. Occlusion of Nasal Duct. Colo. Ophth. Soc., Nov. 18.
Barck, C. Simplified Method of Extirpation of Lacrimal Sac. Arch. of Ophth., xli, p. 97.
Bijlsma, R. A. Mikulicz' Disease. Geneesk. Cour., lxiv, No. 49.
Majewski, C. Quadruple Lacrimal Puncta. Arch. f. Augenh., lxx, p. 349.
Shahan, W. E. Simple Lacrimal Syringe. Amer. Jour. Ophth., xxix, p. 33.
Toti, A. Rhinostomy of Tear Sac. Zeit. f. Augenh., xxvii, p. 115.
Van Lint, M. Preoperative Use of Bismuth Paste in Tubercular Dacryocystitis. Clin. Opht., xviii, p. 122.
Walker, C. E. Extirpation of Both Lacrimal Sacs. Colo. Ophth. Soc., Nov. 18.
Wätzold. Scrofuloderma. Berlin Ophth. Soc., Jan. 25. Ophth. Rev., xxxi, p. 96.
Repeated Titles. **Dewatripont** (i, p. 157) Ophthalmoscope, x, p. 158.

LIDS.

Adam. Scleroderma Affecting Eyelids. Berlin Ophth. Soc., Jan. 25. Ophth. Rev., xxxi, p. 95.

Ehrhardt, A. New Lid Clamp. Amer. Jour. Ophth., xxix, p. 45.

Feruglio, A. Epithelioma of Lids Cured by Jequirity. Ann. di Ott., xli, p. 115.

Gardinsky. Congenital Ptosis. Zeit. f. Augenh., xxvii, p. 187.

Kumagai. Results of Blepharoplasty with Use of Ear Cartilage Flap. Klin. M. f. Augenh., L, p. 168.

Morax and Landrieu. Hyaline Degeneration of Subconjunctival and Epitarsal Tissue. Ann. d'Ocul., cxlvii, p. 25.

Rollet and Grandclément. Chancre of Lower Lid in Child. Clin. Opht., xviii, p. 167.

Santos Fernandez, J. Boy Who Could Evert Upper Lid Without Touching It. Anales de Oft., xiv, p. 323.

Weidler, W. B. Lupus Erythematosus. Arch. of Ophth., xli, p. 161. Pseudo-paralytic Ptosis of Levator Palpebrae. Ibid., p. 161.

Repeated Titles. **Kuwabara** (i, p. 126) Klin. M. f. Augenh., L, p. 270. **Onishi** (i, p. 95) Ibid, p. 269. **Reitsch** (i, p. 158) Ophthalmoscope, x, p. 158.

ORBIT.

Darier. Post-operative Infection, Metastatic Orbital Abscess. Clin. Opht., xviii, p. 142.

Dutrow, H. V. Retrobulbar Pneumococcic Abscess of Right Orbit Arch. of Ophth., xli, p. 100.

Eagleton, W. P. Exploring Orbital Contents Through Cranial Fossa. Ibid., p. 162.

Langenhan and Wätzold. Fronto-occipital Radiograms of Lower Segment of Orbit. Graefe's Arch. f. Ophth., lxxxi, p. 61.

Risley, S. D. Pulsating Exophthalmos. Wills Hosp. Ophth. Soc., Dec. 4.

Wolff, J. Restoration of Orbital Socket by Wolff Graft. Arch. of Ophth., xli, p. 159.

Repeated Titles. **Birch-Hirschfeld** (ii, p. 24) Zeit. f. Augenh., xxvii, p. 156. **Komoto** (i, p. 95) Klin. M. f. Augenh., L, p. 268.

INJURIES.

Allport, F. Unusual Case of Steel Injury. Ophth. Rec., xxi, p. 65.

Henderson, F. L. Glass Tolerated in Eye Ball. Amer. Jour. Ophth., xxix, p. 71.

Bennett, H. C. X-ray Conjunctivitis. Wis. Med. Rec., Feb., p. 44.

Cecchetto, E. Conjunctival Injury by Drops of Melted Solder. Ann. di Ott., xli, p. 49.

Davis, A. L. Loss of Vision After Shot-wound of Orbit. Colo. Ophth. Soc., Dec. 16.

De Lantsheere, J. Examination of Ocular Injuries. Bruxelles: Lamertin.

Faure-Beaulieu. Direct Injury to Optic Nerve. Paris Thesis. 1911.

Gray, J. B. Foreign Bodies in Eye. New Mex. Med. Jour., Feb., p. 165.

Holloway, T. B. Contusion of Globe; Ring-shaped Opacity of Lens. Sec. on Ophth. Coll. Phys. Phila., Feb. 15.

Landolt, M. Rupture of Eyeball in Anterior Segment. Arch. de Oft., xi, p. 591.

Legnault. Burns of Cornea by Explosion of Match. Clin. Opht. xviii, p. 136.

McCool, J. L. Rupture of Descemet's Membrane. Ophth. Rec., xxi, p. 73.

Pastega. Industrial Electric Accidents. Rome: Cecchini, 1910.

Ramond. Prognosis of Rupture of Sclera. Bordeaux Thesis, 1911.

Schoute, G. J. Slate Pencil 29 Years in Upper Fornix. Zeit. f. Augenh., p. 185.

Toczyski, F. Unusual Ocular Injury by Lightning. Arch. f. Augenh., lxx, p. 417.

Vantey. New Giant Magnet for Extraction of Intraocular Foreign Body. Lyons Thesis, 1911.

Repeated Titles. **Marx** (ii, p. 11) Ophthalmoscope, x, p. 158.

TUMORS.

Bordier. Cure of Epithelioma of Lids by Radio-therapy. L'Opht. Prov., viii, p. 184.

Charlet, H. Orbital Sarcoma with Optic Atrophy. Rev. Gén d'Opht., xxxi, p. 1.

Duclos. Epithelioma Developed from Dermoid of Limbus. Ann. d'Ocul., cxlvii, p. 35.

Ginsberg, S., and Cohn, P. Pseudo-tumor of Iris in Child. Graefe's Arch. f. Ophth., lxxxi, p. 189.

Golowin. Tumor of Orbit. Zeit. f. Augenh., xxvii, p. 194.

Greeves, R. A. Recurring Tumor of Sclera. Tr. Ophth. Soc. United Kingdom, xxxii, p. 57.

Keil, R. Tubercular Tumor of Eye in Ox. Arch. f. Vergleich. Ophth., ii, p. 323. Ophthalmoscope, x, p. 154.

Moore, R. F. Bilateral Angioma of Retina. Tr. Ophth. Soc. United Kingdom, xxxii, p. 76.

Pisani, L. J. Cysts of Iris. Ibid., p. 56.

Posey, W. C. Mules' Operation for Pseudo-tumor. Wills Hosp. Ophth. Soc., Dec. 4.

Small Round-cell Myosarcoma of Orbit with Extension into Eyeball. Ophth. Rec., xxi, p. 57.

Post, M. H., and Alt, A. Bony Tumor of Left Orbit; Microscopic Examination. Amer. Jour. Ophth., xxix, p. 40.

Risley, S. D. Epithelioma at Inner Angle of Orbit. Wills Hosp. Ophth. Soc., Dec. 4.

Stoewer, P. Malignant Nevus of Caruncle. Klin. M. f. Augenh., L, p. 233.

Thomson, A. H. Recurring Orbital Endothelioma. Tr. Ophth. Soc. United Kingdom, xxxii, p. 79.

Velhagen. Fibroma Molluscum of Eyelid. Cent. f. p. Augenh., xxxvi, p. 33.

Wigodski. Glioma of Orbit. Zeit. f. Augenh., xxvii, p. 195.

Verhoeff, F. H. Epibulbar Sarcoma. Arch. of Ophth., xli, p. 104.

Repeated Titles. **Letulle** and **Duclos** (i, p. 55) Ophthalmoscope, x, p. 116. **Kojanagi** (i, p. 97) Klin. M. f. Augenh., L, p. 269.

PATHOLOGY.

Repeated Titles. **Grüter** (ii, p. 12) (Bibl.) Arch. f. Augenh., lxx, p. 359.

GENERAL DISEASES.

Bijlsma, R. A. Eye Diseases Through Syphilis. Geneesk. Cour., lxv, No. 10.

Chaillous, J. Early Ocular Complications of Syphilis. Soc. d'Opht. de Paris, Feb. 6.

Clemesha, J. C. Dowd Phosphatic Index in Relation to Diseases of Eye. New York Med. Jour., March 23, p. 597.

Dumas, M. O. Ocular Complications of Constitutional Diseases. Jour. Nat. Med. Assn., Jan.-Mar., p. 8.

Mouradian, M. Practical Value of the Wassermann Reaction in Ophthalmology. (Bibl.) Ann. d'Ocul., cxlvii, p. 1.

Ormond, A. W. Ophthalmic Condition of Mongolian Imbeciles. Tr. Ophth. Soc. United Kingdom, xxxii, p. 69.
Sulzer. Ocular and Other Accidents Following Salvarsan and Mercury. Ann. d'Ocul., cxlvii, p. 44.
Tronyo. Ocular Complications with Mumps. Lyons Thesis, 1911.
Von Hippel, E. Indicanuria and Eye Disease. Graefe's Arch. f. Ophth., lxxxi, p. 105.
Westhoff, C. H. A. Salvarsan in Eye Diseases. Zeit. f. Augenh., xxvii, p. 187.
Wiegmann, E. Salvarsan Therapy in Luetic Eye Diseases, Especially Ocular Palsies. (Bibl.) Klin. M. f. Augenh., L, p. 200.
Repeated Titles. **Kagoshima** (i, p. 128) Klin. M. f. Augenh., L, p. 271.

OCULAR LESIONS BY EXTENSIONS.

Andrews, A. H. Non-suppurative Sinusitis. Jour. Ophth. and Oto-Laryngol., vi, p. 75.
Benham, E. W. Relation of Nasal Disease to Ocular Symptoms. St. Paul Med. Jour., March, p. 162.
Krauss, F. Antral Disease in Child with Orbital Symptoms. Arch of Ophth., xli, p. 150.
Lelongt. Suppuration of Lids and Lacrimal Sac of Dental Origin. Rec. d'Opht., xxxiii, p. 285.
Repeated Titles. **Walters** (ii, p. 25) Jour. Ophth. and Oto-Laryngol, vi, p. 70.

EYE STRAIN.

Gould, G. M. Neurasthenia is Neurosthenia. St. Paul Med. Jour., March, p. 170.
Wilkinson, O. Basilar Headaches of Ocular Origin. Va. Med. Semi-Monthly, Feb. 23.

GENERAL OPHTHALMOLOGY.

Burdon-Cooper, J. Peculiar Color Reaction on Opening Tenon's Capsule. Ophthalmoscope, x, p. 140.
Edridge-Green, F. W. New Test for Color Blindness. Tr. Ophth. Soc. United Kingdom, xxxii, p. 102.
Richter, H. Iris of Horse and Changes in Mydriasis and Miosis. Arch. f. Vergleich. Ophth., ii, p. 327. Ophthalmoscope, x, p. 154.
Vogt, A. Transparency of the Dioptric Media of the Eye for Ultra-red Artificial Light. Graefe's Arch. f. Ophth., lxxxi, p. 155.
Wilson, J. A. Color Sensation. Ophthalmoscope, x, p. 142.
Repeated Titles. **Clark and Henderson** (ii, p. 14) Ophthalmoscope, x, p. 154. **Franz** (i, p. 161) Ibid., p. 154. **Susuki** (i, p. 100) Klin. M. f. Augenh., L, p. 267.

HYGIENE.

Dejault. Education in Use of Eyes. Bordeaux Thesis, 1911.
Rockcliffe, W. C. Blind and Census of 1911 (England and Wales). Brit. Med. Jour., March 9, p. 542.

ECONOMICS.

Maschke, A. Determination of Compensation in Ocular Accidents. 12 mo. Bruxelles: Lamertin.

PROFESSIONAL RELATIONS—EDUCATION—HISTORY.

Cullom, M. M. Training of the Specialist. So. Med. Jour., iii, No. 11.
Kiehle, F. A. Ophthalmologic Studies in Paris. Northwest Med., March, p. 89.
Wood, C. A. Lessons From Life and Labors of Helmholtz. Jour.-Lancet, Feb. 1.
Repeated Titles. **Thomson** (ii, p. 26) Ophthalmoscope, x, p. 143

Abstracts From Foreign Journals

Blanco, T. Muscular Shortening for Treatment of Strabismus. (Archivos de Oftalmologia, xi, p. 57.)

The conjunctiva is divided parallel to the corneal limbus, about over the insertion of the muscle. After cutting the capsule of Tenon, the tendon is freely isolated by sweeping the strabismus hook in opposite directions beneath it. The muscle is then grasped in Wecker forceps at a distance from the insertion corresponding to the extent to which it is intended to shorten it, and cut close in front of the forceps. A doubly armed suture is threaded from within outwards at the junction of the middle and outer thirds of the peripheral portion of the muscle as close as possible to its insertion into the sclera (leaving the loop on the posterior aspect). The two ends of this suture are then carried, again from the deep to the superficial aspect, through the central part of the muscle, where it is held by the Wecker forceps. The two ends of the suture are drawn through and tied, the patient meanwhile relaxing the opposing muscle by trying to look toward the side which is being operated upon. The posterior segment thus overlaps the anterior segment of the muscle to the extent of the shortening. The tendon is not resected.

Casali, A. Presence of Prowazek's and Halberstaedter's Corpuscles in Trachoma and Other Conjunctival Infections. (Annali di Ottalmologia, xl, p. 70.)

One hundred cases were studied, ten each of chronic trachoma, acute trachoma, follicular conjunctivitis, acute pneumococcic conjunctivitis, Koch-Weeks catarrhal conjunctivitis, Morax-Axenfeld subacute conjunctivitis, spring catarrh, gonococcic conjunctivitis of the new born, gonococcic conjunctivitis of adults, and normal conjunctiva. Untreated cases were chosen, or in chronic conditions fairly recent cases. The bodies were found only in six cases of chronic trachoma; in seven of acute trachoma, in two of gonococcic conjunctivitis of the new born, and in one of gonococcic conjunctivitis of adults. The author is satisfied that the bodies are not specific for, nor the etiologic agents of, trachoma; that their presence in gonococcic cases does not indicate admixture of trachoma with gonorrheal infection; and that no diagnostic significance attaches to different size of granules. He doubts whether they represent a degeneration of cell bodies, for in that case the cells should show nuclear changes, and the bodies should be found more frequently in older cases. He is disposed to support the idea that they are due to a mixed infection.

Fujita, H. Cyst Formation in the Retina. (Arch. für Augenh., Jan., 1911, page 162.)

The first case showed numerous smaller and larger blisters on the outer surface of the detached retina; in the second there was a large cyst on the outer surface of the funnel-shaped detachment of the retina; and in the third there were several small cysts limited to the macular region.

Gullstrand, A. Reflexless Ophthalmoscopy. (Archiv für Augenh., Jan., 1911, page 101.)

After considering the theory of reflexless ophthalmoscopy in several aspects, the author gives the following description of his own arrangement of the binocular loupe for stereoscopic ophthalmoscopy. The light, having passed through a 14 D. ophthalmoscope lens, reaches an achromatic telescope objective, in whose focus the image of the fundus produced by the lens lies. Behind the objective are the two entrance diaphragms, each 6 mm. in diameter, and whose centers are 16 mm. apart. Behind these the axes are separated (deviated) each through a rhombic prism with two total reflexions; next striking in

each case a telescope adjusted for infinity, whose eye-piece represents the prism ocular taken from a Czapski binocular corneal loupe. Description is given of some views of the fundus obtained by the several methods discussed.

Kraupa, E. Visible Blood Current in Choroidal Vessels. (Cent. f. p. Augenheilkunde, Feb., p. 33.)

The first case was that of a patient with tabes, who had contracted syphilis 14 years previously, and whose eyes presented large areas of choroidal atrophy. In all directions the choroidal vessels were plainly visible. In one of these near the disk, a granular blood current was suddenly observed. The blood stream was continuous, and ran apparently centripetally to the clearly visible vortical vein. In the other case, one of high myopia, with extensive choroidal changes, a current could be made out, but its direction was not determined.

Kayser. Tonometric Studies. (Klin. Monat. f. Augenh., July, 1911, page 106.)

Kayser has encountered a large number of patients between 50 and 75 years with intraocular tension between 22 and 25 mm., and it would be very desirable to determine whether, as Wegner maintains, the upper limit of the normal at this age should be 22 mm. Electromassage will greatly reduce the pressure, but it soon returns to its former level. Galvanisation with high current does not reduce tension if contact of the electrode with the bulb is avoided. Pressure bandage reduces tension astonishingly, so that it must be regarded as objectionable in ablatio retinae. In a case of juvenile hydrophthalmos he found the tension only 14 mm., and in two cases of idiopathic keratoconus only 11 and 13.

Lutz, A. Congenital Abnormal Movements of the Upper Lid. (Klinische Monatsblätter für Augenheilkunde, xlix, p. 337.)

Three cases are added to the literature of this subject. In the first there were on the right side slight ptosis, paresis of the superior oblique, and on opening the mouth marked elevation of the upper lid, which stayed up as long as the mouth was open. A brother was said to suffer from the same condition. In the second case there were on the left side considerable ptosis; paralysis of the superior rectus; and on opening the mouth, but more particularly on moving the jaw forward and to the right, or on swallowing a glass of water, elevation of the upper lid. Slight movements of the lid were also produced by protrusion of the tongue. The third case showed a lifting of the lid most marked in the act of laughing, whether with the jaws together or separated; but also slightly evident when the patient looked strongly down for a length of time. All three cases appeared to be congenital.

Steindorff, K. Barlow's Disease with Ocular Disturbances. (Zeitschrift für Augenheilkunde, xxv, p. 180.)

In this case Barlow's disease, infantile scurvy, was present side by side with rickets an unusual association. The 7-months'-old child was brought to the clinic on account of a bluish-red swelling of the left upper lid. There was also a small bluish discoloration of the right upper lid at the inner canthus. There were small gingival hemorrhages. Backward pressure on the eyeball cause lively demonstrations of pain. Swelling over other parts of the bony system were absent. On the other hand there were typical rachitic symptoms, including a decided "rosary." A small fugitive hemorrhage occurred in the left conjunctiva, but there were no retinal hemorrhages. The child had been fed since birth on pasteurized milk, which the too solicitous mother had further subjected to fifteen minutes' boiling. Recovery was steady and complete under the use of unboiled milk with oatmeal gruel. The case was exceptional in the coexistence of rickets, in limitation of the bone symptoms to the orbit and lower jaw, and in the fact that the child belonged to the proletariat.

Türk, S. Temperature Currents in Anterior Chamber, and Ehrlich's Line. (Klin, Monat. für Augenh., xlix, p. 300.)

The writer refers to his previous investigations relative to the existence in the anterior chamber of the rabbit of convection currents resulting from the warming of the aqueous at the posterior wall of the chamber, and its cooling at the cornea or anterior wall. By means of his method of direct staining of the aqueous with fluorescin, he has demonstrated the presence of such currents in the similarly constructed eyes of other vertebrates. The animals so examined were the cat, dog, guinea-pig, dove, hen and frog; and none of these showed any exceptions to the general principle. The author refutes the arguments against his contention that Ehrlich's line depends on the temperture currents between the iris and the cornea.

Wessely, K. Determining the Size of the Human Eye—Instrument for Measuring Corneal Diameter. (Archiv f, Augenh., lxix, p. 265.)

Seeks to determine whether the agreement stated to exist between differences in size of the human eye at birth and full growth (increase of ½ mm. in corneal diameter representing nearly 1 ccm. increase in volume of bulb), holds good for variations in the adult eye. He has used a number of eyes, usually enucleated soon after death, from insane patients. After cleaning, he injected into the vitreous physiologic salt solution, until tension was 20 mm. of mercury. Then he determined the volume by weighing in air and in water; and measured the corneal diameter with compasses, under magnification. In 10 emmetropic eyes, the volume varying from 6.45 to 8.05 ccm., he found the corneal diameter proportional to the volume of the bulb. With a volume of 6.5 ccm. a corneal diameter of 11½ mm. With volume of 7.25, a corneal diameter of 12 mm. With volume of 7.75 to 8.0 ccm., a corneal diameter of 12½ mm. Upon this principle it would follow, as has been suggested, that the whole bulb undergoes a reduction in volume in later life.

The tube for measuring corneal diameter is 4½ ccm. wide and 30 cm. long. Its objective end has a hard rubber ring, for convenience of application to the patient's orbital margins. A lens of 6 D is so placed in the tube that the ocular opening is at its focal point. A hole cut at this end of the tube allows light to fall on a white point, which provides a fixation point for the patient. In front of this opening is a white metal plate which acts as reflector to increase the illumination. Next to the ring at the objective end, half the tube is cut away, to allow light to fall on the scale; which lies within the hard rubber ring, is so placed that its upper margin exactly bisects the ring, and is divided into half millimeters. The cornea may be exactly measured to ¼ mm.; since no matter what the variations in distance at which the tube is held before the patient's eye, rays of light from the corresponding points of the cornea and of the scale will appear to come from the same source.

Steiger, A. Are Corneal Opacities a Cause of Myopia? (Zeitscrift für Augenheilkunde, xxv, p. 41).

The conclusions are based on a material of 29,160 children 6 to 7 years old at the first examination, of which 4,676 were subjected to skilled ophthalmologic examination on account of their visual acuity in one or both eyes being less than 1.0, and were re-examined after five years in school. Of the 4,676, corneal opacities were found in 217. Two lost their opacities. Of the remaining 215, 11, or 5.4 per cent., became myopic during the five years of school life. Of the 4,461 children not affected with opacities, 383 became myopic during the same period, i. e., 8.5 per cent. The frequency of new cases of myopia in the total number of twice examined children was therefore greater than in those having corneal opacities.